

**Best Available Copy**

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2	/						52				
3	/						53				
4	/						54				
5	/						55				
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7	/						57				
8	/						58				
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38	/						88				
39	/						89				
40	/						90				
41	/						91				
42	/						92				
43	/						93				
44	/						94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	11						TOTAL DEP.				
TOTAL CLAIMS	44						TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS